

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

28066

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City

No. **8454 Concord Ave.**

File No.

Registered No. **7146**

St. Ward)

2. FULL NAME

(a) Residence, No. **8454 Concord** St. **8** Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **43** yrs. mos. **6** ds. **2** How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **7** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Separated**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Louis Moehler**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 14-1890**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 6 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Seamstress**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

13. NAME **Nicholas Jansen**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

15. MAIDEN NAME **Mary Kottenstetter**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

17. INFORMANT (ADDRESS) **Miss Marie Moehler**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Frieders** DATE **Aug 21** 19 **35**

19. UNDERTAKER (ADDRESS) **Math Hermann**

20. FILED **11** 19 **35**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 17** 19 **33**

22. I HEREBY CERTIFY, That I attended deceased from **7/26/32** 19 **32** to **8/17** 19 **33**

I last saw her alive on **8/17** 19 **33** Death is said to have occurred on the date stated above, at **3:45 P.m.**

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 17** 19 **33**

22. I HEREBY CERTIFY, That I attended deceased from **7/26/32** 19 **32** to **8/17** 19 **33**

I last saw her alive on **8/17** 19 **33** Death is said to have occurred on the date stated above, at **3:45 P.m.**

The principal cause of death and related causes of importance were as follows:

Cancer of liver Date of onset **?**
primary in ampulla of Vater

Other contributory causes of importance: **46**
137A

Name of operation **Excision ovarian cyst** Date of **8/17/33**

What test confirmed diagnosis? **Auto** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify

(Signed) **F. T. J. J. J.** M. D.

(Address) **3427 Washington**

Registrar.

